

**Medical Marijuana Registry Patient Application**

<b>Patient Information</b>				<input type="checkbox"/> <b>New Application</b>		<input type="checkbox"/> <b>Renewal</b>	
First Name		MI	Last Name		Phone		
<b>Mailing Address</b>							
Street Number and Street Name (or PO Box)							
Unit Number		Unit Type (Apt, Unit, Suite, etc.)					
City				State		Zip Code	
<b>Residence Address (if different from mailing address)</b>						<input type="checkbox"/> <b>Check if homeless</b>	
Street Number and Street Name							
Unit Number		Unit Type (Apt, Unit, Suite etc.)					
City				State		Zip	
Date of Birth (MM/DD/YYYY)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Race		Eye Color	
						Height ' "	
						Physically Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	
Arkansas DL or ID Number		Expiration Date (MM/DD/YYYY)		Last 4 digits of SSN		Registry ID (for renewals only)	
<input type="checkbox"/> Yes <input type="checkbox"/> No Are you a member of the Arkansas National Guard or the United States military?							
<b>By signing, I, the patient pledge not to divert marijuana to anyone who is not allowed to possess marijuana under the Arkansas Medical Marijuana Amendment of 2016</b>							
Signature						Date	
Print Name							

<b>Parent / Guardian / Legal Custodian -- Skip if applicant over 18</b>							
First Name		MI	Last Name		Phone		
Address							
Unit Number		Unit Type (Apt, Unit, Suite, etc.)					
City				State		Zip Code	
<b>By signing, I confirm that I, as the parent/guardian/legal custodian allow the qualifying patient's medical use of marijuana, will assist the qualifying patient in the medical use of marijuana and will control the acquisition of the marijuana, dosage and the frequency of the medical use of marijuana by the qualifying patient and will register as a designated caregiver.</b>							
Signature		<input type="checkbox"/> Parent <input type="checkbox"/> Custodian <input type="checkbox"/> Legal Guardian				Date	
Print Name							